

09/987297

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | MW | | 11-14- |
| O.I.P.E. CLASSIFIER | | | 11-20-01 |
| FORMALITY REVIEW | Ted | 704147 | 11/27/01 |
| RESPONSE FORMALITY REVIEW | N | 825 | 11/29/01 |

INDEX OF CLAIMS

Rejected N
 Allowed I
 (Through numeral) Canceled A
 Restricted O

BEST AVAILABLE COPY

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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RESPONSE
01/28/02
IM 864
11/28/01